

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

WHAT IS THE PUBLIC HEALTH ISSUE?

Health tracking, or “surveillance,” is the essential underpinning for all public health efforts. State-level data on behavioral risk factors are essential to efficiently and effectively target scarce public health prevention resources. States use such data to identify health problems, plan and evaluate public health responses, and target populations with the greatest needs. In addition, states need to be able to identify public health trends over time. For example, one way CDC was able to alert public health programs to the obesity epidemic was through the use of Behavioral Risk Factor Surveillance System (BRFSS) data.

WHAT HAS CDC ACCOMPLISHED?

BRFSS is the nation’s premier system for measuring critical health problems and a wide variety of health-related behaviors in the U.S. population. The data underpin many public health policy and program decisions in states and for the nation. BRFSS is a cross-sectional telephone survey conducted by state health departments, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. States collect and use BRFSS data to track critical health problems and to develop and evaluate public health responses. CDC provides technical assistance to participating states and territories. BRFSS is the primary source of information (for many states it is the only source) on risk behaviors that contribute to the leading causes of death among adults. It is a unique, state-based surveillance system active in all 50 states, and it is the largest telephone-based surveillance system in the world.

BRFSS provides flexible, timely, and ongoing data collection that allows for state-to-state and state-to-nation comparisons and is flexible to meet individual state needs. BRFSS data can also be analyzed by age, sex, education, income, race, ethnicity, and other variables so that states can identify groups at highest risk for health problems and tailor efforts accordingly. Recognizing the value of BRFSS, other countries, including Canada, Russia, and Australia, have turned to CDC for assistance in establishing similar systems for their populations. In 2003, CDC collaborated with state and local health officials to make health information from BRFSS available for specific local areas (“SMART—Selected Metropolitan/Micropolitan Area Risk Trends from the Behavioral Risk Factor Surveillance System.”) This analysis provided data for 98 metropolitan and micropolitan statistical areas and many of the counties within those areas.

Example of Program in Action

New York uses data on the prevalence of regular consumption of whole milk to guide the state’s Low Fat Milk campaign. Maryland used BRFSS data to determine priorities for *Healthy Maryland 2010*. Following the 1995 bombing in Oklahoma City, health department staff analyzed questions on stress, nightmares and feelings of hopelessness in order to better address the psychological impact of the disaster. In Arkansas, BRFSS data assessing the correlation between physical activity and hypertension among black women have been used to target special intervention and education programs.

WHAT ARE THE NEXT STEPS?

CDC will continue to support state-level monitoring of emerging health problems and health-related behaviors through BRFSS. The role of BRFSS in public health planning will continue and grow as increasingly sophisticated methods of data collection and analysis make possible new and additional uses of BRFSS, such as local area analysis.

For additional information on this or other CDC programs, visit www.cdc.gov/program

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